

3/12/1  
A8

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | A-S      | 943    | 2/2/01  |
| RESPONSE FORMALITY REVIEW | NV       | 778    | 3-9-1   |
|                           | LI       | 1100   | 5/17/01 |
|                           | B3       | 889    | 10/5/01 |

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 1        | 2/2/01 |
| 2        | 2/2/01 |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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3/12/01  
804/102